

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>09/522900</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		①				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		②①				
18		②①				
19		②①				
20		②①				
21		③①				
22		②①				
23		④①				
24	1					
25	1					
26	1					
27	3					
28	3					
29	③①					
30	①					
31	7					
32	3					
33	①					
34	①					
35	①					
36	①					
37	①					
38	①					
39	①					
40	①					
41	①					
42	①					
43	①					
44	①					
45	①					
46	①					
47	①					
48	①					
49	①					
50	①					
TOTAL IND.	2					
TOTAL DEP.	72					
TOTAL CLAIMS	74					

*	*	*	*
IND.	DEP.	IND.	DEP.
51	4		
52	4		
53	4		
54			
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56			
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97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			